PTO/SB/17 (01-06)
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Fees pursuant to in	Consolidated Appropriations Act, 2005 (H.R. 4818)
FEE	TRANSMITTAL

r FY 2006

I	101112000
	Applicant claims small entity status. See 37 CFR 1.27
	TOTAL AMOUNT OF PAYMENT (\$)
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Complete if Known							
Application Number	10/762,553						
Filing Date	January 23, 2004						
First Named Inventor	Jochen Von Der HARDT						
Examiner Name	Joseph L. PERRIN						
Art Unit	1746						
Attorney Docket No.	010743.52910US						

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METHOD OF PAYMENT (check all that apply)												
☐ Check ☐ Credit Card	☐ Money	Order	None	Other (please i	identify):							
Deposit Account Deposit Account Number: 05-1323 (Docket No. 010743.52910US) Deposit Account Name: 23911												
For the above-identified	deposit accou	nt, the Directo	r is hereby a	uthorized to: (ch	neck all that ar	oply)						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
Charge any additional fe		nents of fee(s)	=	y overpayments	,	.						
under 37 CFR 1.16 and 1.17												
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information and authorization on PTO-2038.												
FEE CALCULATION						**						
1. BASIC FILING, SEARCH												
	FILING FEES		SEARCH FEES		EXAMINATION FEES							
A		Small Entity	F (A)	Small Entity	F (0)	Small Entity	Form Dotal (E)					
Application Type Utility	Fee (\$) 300	Fee (\$) 150	<u>Fee (\$)</u> 500	<u>Fee (\$)</u> 250	<u>Fee (\$)</u> 200	<u>Fee (\$)</u> 100	Fees Paid (\$)					
Design	200	100	100	50 50	130	65						
Plant	200	100	300	150	160	80						
Reissue	300	150	500	250	600	300						
Provisional	200	100	0	0	0	0						
2. EXCESS CLAIM FEES					•							
							Small Entity					
Fee Description						Fee (\$)	Fee (\$)					
Each claim over 20 or, for	Reissues, each	n claim over 20	and more tha	n in the original	patent	50	25					
Each independent claim o	ver 3 or, for Re	issues, each in	dependent cl	aim more than in	the original pa	tent 200	100					
Multiple dependent claims	;					360	180					
Total Claims			<u>laims</u>									
-20 or HP		_ ×	=		1	Fee(S)	Fee Paid (\$)					
HP = highest number of total cla												
Indep. Claims - 3 or HP	Extra claims	Fees(\$)	Fee Paid	(\$)								
HP = highest number of total cla	ime paid for if are	- '										
3. APPLICATION SIZE F		sater trian 5										
If the specification and dra		100 chapte of n	anor the ann	lication size fee	dua ic \$250 (\$	125 for small antit	ny) for each					
additional 50 sheets or fra	ction thereof. S	ee 35 U.S.C. 4	aper, trie app 1/a)(1)(G) an	d 37 CFR 1.16(s	oue is \$250 (\$	125 IOI SIIIAII EIIUI	y) ioi eacii					
additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)												
- 100 =		/ 50 =		ound up to a whole			=					
4. OTHER FEES												
Fee Paid (\$)												
Request for Continued Examination Fee \$790.00							\$790.00					
Three month Petition for Extensi	on of Time Fee						\$1,020.00					
SUBMITTED BY												

Registration No. (Attorney/Agent) 26,269/42,028 (202) 624-2500 Signature Telephone J. D. Evans / Mark H. Neblett Name (Print/Type) Date September 29, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.